





ISQUA Dublin 2009

WP1 - Patient Safety Culture

WP1 - Promoting Patient Safety Culture



WP1 Patient Safety Culture

Netherlands CBO (leader), Spain, Lithuania, European Fed. of Nurses (EFN), European Society of Quality in Healthcare (ESQH), OECD, Austria

Objectives:

- Building on previous work and using the network, collect and exchange information regarding PS culture practices and indicators in MS and make it accessible to stakeholders through a web based system.
- Using the organizational framework of the network (national contact points coordinating national platforms) and the expertise of national agencies, define and evaluate instruments for assessing PS culture in health care organizations of MS.



2

WP1: Work plan

- End 09 Literature review and situation analysis
- November 09 Selection of measurement tools and collection of practical experience using them leading to a compendium of good practices
- September to December 09 Testing of instruments in Member States
- December 09 Collect information on PS indicators and the potential links between PSC measurements and organisational and clinical performance
- June 10 Recommendations on the use of PSC measurement tools

4

Information sharing

Matrix looking for info and contact in the 27 MS

Culture:

- PS culture surveys?
- PS culture tools?
- PS indicators (national, regional, HCO level)
- Medication safety indicators

Learning activities:

- Organisations involved
- Type (under graduate, post graduate, MSc programme...)
- Delivery platform (seminar, book, distance learning...)
- Duration and renewal
- Target audience
- Expected outcomes and evaluation



Reporting and learning systems:

- Description
- Funding
- Organisation and contact person

Good practices in reducing medication errors in hospitals.

- Description
- Efficiency

4



Situation Analysis

Latest developments

- A second version of the Database is online since July 2009
 - more user friendly
 - easier access
- A reminder will be sent to NCPs to urge them to share validated national information with partners

The first objective of EUNetPaS is
“To produce European added value of Member States collaboration by mutual support, and exchange of ideas and materials for accelerating progress”


5

PSC Instruments

- A structured list of patient safety culture (PSC) methods currently employed in MS
- Proposal of set of instruments (3-4) suitable for assessing/developing PS culture according to defined criteria
- Tool box on actionability – good and bad experiences in applying PSC instruments

6




Selection of instruments

The process for selection of the recommendable instruments was as follows:

- Appointing national experts
- Literature search; identification of instruments
- Information collection from Member States (MS) on currently used instruments
- Report on currently used instruments and validation by experts and NCPs
- Assessment of identified instruments according to the approved criteria, (instrument level = Identification of a list of candidate instruments) and (set level = re recommendation of instruments)
- Review of the instruments not selected for recommendation and further recommendations
- Validation of the report on currently used instruments and recommendations by experts and NCPs


7



Selection criteria

- **The first set of criteria** which each instruments must fulfil to be a candidate for the list of recommendable instruments concerns:
 - Capturing the definition of PSC, scientific properties, availability and accessibility (English language, easy and free of charge), target group (minimum the clinical staff) and the instrument must have been translated into at least one MS language and tested practically
- **The second set of criteria** which must fulfil concerns a variety of supplementing features of the instruments, to ensure applicability
 - for different purposes, settings and levels, methods, focus area (dimensions) and ways of administration (in person, paper, electronically)
 - Preferred instruments are those which have well documented manuals and have been used to assess the added value on the clinical level


8



Status information collection

- 27 NCP + over 50 EU appointed experts covering the 27 MS and 6 non-MS
- Feed back from 24 MS and (5+1) non-MS with
 - status and information on PSCI used
 - no PSC work ongoing presently
- No feed back; 3 MS

9



| Instrument | Reported used in the following MS |
|---|--|
| Clinical Risk Management | A |
| Drug risk perception - with respect to NSAIDs | SK |
| Error Orientation Questionnaire | DK |
| Healthcare workers perception of adverse events and incident reporting | I |
| Hospital Survey on Patient Safety Culture | B, UK (Scotland), NL, I, E, S, F, Fin + CH, N, HR, IS |
| Information System for Surveillance and Control of Adverse Events | E |
| Manchester Patient Safety Assessment Framework | UK, D, NL |
| Patient perception of safety in health services. CASSES Questionnaire | E |
| Patient safety care in hospitals - Quality Standards | E |
| Safety Attitudes Questionnaire | H, D, UK & N |
| Safety Climate Assessment Instrument | UK |
| The Danish Patient Safety Culture Questionnaire | DK |
| TUKU – Safety culture in health care survey | Fin |
| Vienna Safety Culture Questionnaire | A |
| WorldAlliance for Patient Safety Hand Hygiene Campaigns Healthcare - Units Survey on Patient Safety Culture | P |

| Instrument | Fulfillment of the first set of criteria | | | | | | Total |
|---|--|---|---|---|---|---|-------|
| | 1 | 2 | 3 | 4 | 5 | 6 | |
| Clinical Risk Management | x | x | x | x | x | - | - |
| Drug risk perception - with respect to NSAIDs | - | x | x | x | x | x | - |
| Error Orientation Questionnaire | - | - | x | x | x | x | - |
| Healthcare workers perception of adverse events and incident reporting | x | - | x | x | - | x | - |
| Hospital Survey on Patient Safety Culture (AHRQ) | x | x | x | x | x | x | x |
| Information System for Surveillance and Control of Adverse Events | x | - | x | x | - | x | - |
| Manchester Patient Safety Assessment Framework | x | x | x | x | x | x | x |
| Patient perception of safety in health services. CASSES Questionnaire | - | - | x | x | - | x | - |
| Patient safety care in hospitals - Quality Standards | x | - | x | x | - | x | - |
| Safety Attitudes Questionnaire (IHI) | x | x | x | x | x | x | x |
| Safety Climate Assessment Instrument | - | x | x | x | x | x | - |
| The Danish Patient Safety Culture Questionnaire | x | x | x | x | - | x | - |
| TUKU – Safety culture in health care survey | x | - | x | x | - | x | - |
| Vienna Safety Culture Questionnaire | x | - | x | x | - | x | - |
| WorldAlliance for Patient Safety Hand Hygiene Campaigns Healthcare - Units Survey on Patient Safety Culture | - | x | x | x | x | x | - |

• Criteria not fulfilled x criteria fulfilled


| Instrument identified through a literature search – 2008 | Reported in use in MS |
|---|-----------------------|
| Checklist for Assessing Institutional Resilience | No |
| Culture of Safety Survey | No |
| Error Orientation Questionnaire | Yes |
| Hospital Culture Questionnaire | No |
| Hospital Survey on Patient Safety | No |
| Hospital Survey on Patient Safety Culture | Yes |
| Manchester Patient Safety Assessment Framework | Yes |
| Nursing Unit Cultural Assessment Instrument | No |
| Patient Safety Climate in Aesthesia | No |
| Patient Safety Culture Questionnaire | No |
| Patient Safety Cultures in Healthcare Organisations | No |
| Safety Attitudes Questionnaire | Yes |
| Safety Climate Scale | No |
| Stanford Safety Culture Instrument | No |
| Teamwork and Patient Safety Attitudes Questionnaire | No |
| Trainee Supplemental Survey | No |
| Veteran Affairs Palo Alto/ Stanford Patient Safety Center for Inquiry | No |
| Veterans Health Administration Patient Safety Culture Questionnaire | No |
| Safety Climate Survey | No |

Conclusions

- The information collection revealed the use of 15 different instruments in MS
 - The most frequently used instruments were;
 - Hospital Survey on Patient Safety Culture
 - Manchester Patient Safety Assessment Framework
 - Safety Attitudes Questionnaire
 - In a number of MS validity studies have been carried out, are presently planned or ongoing regarding these three instruments
- The EUNetPaS literature search performed in the summer of 2008 identified 19 PSCI. Four of these have been reported in use in MS

13

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Preliminary recommendations I

The following set of instruments fulfilled the criteria which were set and accepted by MS:

- Hospital Survey on Patient Safety Culture**
- Manchester Patient Safety Assessment Framework**
- Safety Attitudes Questionnaire**

14

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Accompanying remarks

- At present benchmarking of result from patient safety culture survey has not been investigated enough, thus more research in this area is recommended
- The preliminary recommended PSCI are highly recommended for use for internal organisational development of the PSC
- All instruments should be used according to their original manuals
- Translation is recommended according to the "Process of translation and adaptation of instruments" described by the World health Organisation
- Assessing culture with only one method can be problematic, since one always will miss a lot of information according to the limitations of the method applied. Thus it is advisable to use a triangulation approach

15

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Further recommendations

A number of instruments were not selected for recommendation of use across MS for different reasons; however it is highly important to state, that this does not mean that these instruments are not recommendable for use in single MS

- They should all be used further and the experiences from the developmental process, testing and validation, and general use should unquestionably be shared with other MS
- The method, tool, instrument and process of data collection, analysing, feed back of results, strategic planning of actions and monitoring of improvement must be chosen according to the context and the purpose of measuring

16

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Deliverables approached

- A structured list of patient safety culture (PSC) methods currently employed in MS*
- Proposal of set of instruments (3-4) suitable for assessing/developing PS culture according to defined criteria*
- Tool box on actionability – good and bad experiences in applying PSC instruments*

17

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PS (culture) indicators

- Questionnaire has been developed (Spain, Austria MoH)
- Looking for indicators on PS linked to PSC
- Sent out later this month to NCP and experts in MS
- Analyses of data after feedback
- Literature search is ongoing
- Looking for link with literature search as well as with data from pilot with PSC instruments

18

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Actionability covers

1. Decision on a culture survey and ensuring resources
2. Select an appropriate instrument
3. Obtain informed leadership support
4. Involve health care staff
5. Collect data
6. Analyse data
7. Feedback result
8. Agree interventions through consultation
9. Implement interventions
10. Track changes

Fleming M. Patient safety culture measurement and improvement: a 'how to' guide. Healthc Q 2005;9 Spec No:14-9.
Kristensen S, Bartels P. Patient Safety Culture: Assessment instruments. In: J.J.E.van Everdingen, S.M.Smorenburg, W.Schellekens, S.Cuic, editors. Patient Safety Toolbox - Instruments for improving safety in health care organisations.Zeist: Pre Press, 2007. p. 3-159.

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Actionability covers...

...issues regarding the whole survey and improvement process; e.g.

deciding to survey, building capacity and obtaining leadership and staff support, organising and planning the survey process, choosing an instrument, data collection, analysing and interpretation, feed back of results, agree on strategic planning of actions, implementation of change, and monitoring of improvement.

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Tool box on Actionability

A collection and assessment of good and bad learning experiences in using PSC instruments

+

A literature review focusing on the association between the PSC and outcome measures of PS

The establishment of the tool box is ongoing

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Pilot in Lithuania 2009-10

Main aims of the pilot:

- disseminate information about EUNetPaS and PS issues
- gain experiences (contribute to descriptions of actionability) in surveying in a culture where PS is in early stages

| | | |
|-----------|----------------------------|-----------|
| I stage | Preparing | June-Sept |
| II stage | Intervention Questionnaire | Oct-Nov |
| III stage | Data analysis | Dec |
| IV stage | Conclusions | Jan |

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Lithuanian hospitals participating in PSC Pilot

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Descriptions on actionability

**Contributions from MS....
Information collection is on...on.. going!**

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BREAK THE "LAW OF SILENCE" !



Please provide descriptions on actionability
solkri@rm.dk

Actionability descriptions

Heading: Getting leadership and staff commitment/support

We were to perform the first PSC survey ever in our hospital. We chose to perform a small scale pilot to learn from in a large ward, and decided to form a steering group of the survey, consisting of the hospital management, the clinical management responsible for the ward where we wanted to survey, representatives from the clinical staff at the ward, and the quality manager/risk manager of the hospital. We used a questionnaire.


The steering group defined its purpose, responsibility and task and ways of communication in the steering group, and to the ward where the survey took place. The steering group met on a regular basis to plan and follow the process of the survey.

Lesson learned - Reflection or message for others


We found it very helpful to have a steering group for decision making, planning of the survey, resource allocation integration with other quality work at the ward, and sharing of knowledge.

However when we want a PSC survey covering the whole hospital, we would definitely also invite our internal researchers and data managers to join the steering group from the beginning to be stronger in planning of data collection and in analysing and interpreting data. This would create a broader support for the survey. Having the clinical staff represented in the steering group was found extremely valuable as the bridge to the ward level, the representatives were able to answer questions about the survey and motivate colleagues to respond.

26



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The first set of criteria

Each original instrument must


- Capture the definition of PSC used by WP1
- Have well documented scientific properties, and the instrument has been translated into at least one MS language and tested practically
- Be feasible in application (survey planning, data collection, data analysis, feedback etc.)
- Target minimum the clinical staff as informants (doctors/nurses /therapists/others)
- Be available in English language
- Be free of fee, and easily accessible, and one must not have to be certified to use the instrument

All criteria must be fulfilled for an instrument to be candidate for recommendation

27



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The second set of criteria


The chosen set of instruments must

- Be applicable in diverse health care settings (e.g. hospital, GPs, nursing homes, community care), however one instrument must be suitable for hospital use
- Measure a broad variety of different dimensions of safety culture as possible. This means that the individual instruments chosen must preferable measure a number of different dimensions, together the 3-4 instruments should cover a variety of PSC issues
- Be usable at different organisational and system levels
- Be administered on paper and electronically

Preferred instruments are those which have

- documented manuals
- been used to assess the utility. Utility is defined as the added value on the clinical and the organisational level.

28



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